SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County Planning and Zoning Depart.

Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138 APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

SEP 09 2020

Bayfield Co. Zoning Dept.

Permit #: 20-0290

Date: 10-14-20

Amount Paid: 4/350.00 check

Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.

0-7-

DO NOT START CO	NSTRUCTIO	ON <u>UNTIL</u>	ALL PERMITS	HAVE BEEN ISSUE	TO APPLICA	NT. Origi	inal A	Application [MUST be sub	mitted	FILL	OUT IN INK	(NO PE	NCIL)	
TYPE OF PERMI	T REQUES	TED-		LAND USE	SANITAR	Y 🗆 PRIV	Υ [CONDITI	ONAL USE	☐ SPECIA	L USE	☐ B.O.A.	OTH	ER	
Owner's Name:		1		1	Mailing A	ddress:		100	City/State	Zip:	. 1		Teleph		
Address of Proper	CHAEL	- CiA	SSLE	MAN	3425	Zosewoa	أمكاد		PEYMOR	JTH, M	N 5	5441	1		
40505 B		1	AVE S	7~	City	//State/Zip:				,			Cell Ph	one:	
Contractor:	CFFF	1100	-rike i		Contracto	CANLA	HLE	Plumber						one: 19-2751	
TUDREKCEN	STOW	ファハ	2 lake i	DAUD Town	El Tiens	SAZ-ZUNG				يا .م.				er Phone:	
Authorized Agent	: (Person Sig	ning Appli	cation on beha	alf of Owner(s))	Agent Ph		1	Agent M	TON PLU ailing Address	MEING Linclude Cit	w/State/	7in\.	7/5-5: Writte	58-2893	
D				7 - 29-					3W ST #		.y/State/2	-ip/•		rization	
DAVIDTU	, DOF	V.			715-5	58-3449							Attach		
Service Control of the Control						ID#		MAYW	ARD, L	1 548	Record	led Document	/Shawing	□ No ·*	
Logal Description: (Hea Tou Statement)							578	922							
1/4, _	1/4,1/4 Gov't Lot Lot(s) CSM Vol & Page CSM Doc # Lot(s) # Block # Subdivision:														
			18			Taum of									
Section 5	, Tow	nship _	43_N,I	Range <u>5</u>	w	Town of:	N A	KAGCA)		Lot Siz	e 800 X1175		age 57	
	56 to	Duamantu	/I = = = 1 141- 1	200 (2) (
	Cree	k or Land	dward side	in 300 feet of R of Floodplain?		(incl. Intermitter -continue —		Distance St	tructure is fr こん	om Shorelii	ne : feet	Is your Proposition Floodpla	and the same of	Are Wetlands Present?	
☐ Shoreland -	1 2 1			n 1000 feet of I								Zone?			
	Als	rioperty	/ Land With	n 1000 feet of i	ake, Pond o. If ves	r Flowage -continue —		Distance St	tructure is fr	om Shorelii	100	☐ Yes		□ Yes	
☐ Non-Shoreland					100	Continue					feet	₹No		×No	
inon-snoreian	a								_						
Value at Time) J. E.							Total # c							
of Completion				Project Project				bedroom				oe of		Type of	
* include donated time		Projec	t	# of Storie		undation		on	15	Is on	the pro	System(s) perty <u>or</u>		Water	
& material								property	v			property?		on property	
-	X New Construction			☐ 1-Story	y Basement			☐ 1 ☐ Municipal/City						☐ City	
				1-Story +			100 A			☐ (New) Sanitary Specify Type:				City	
¢	☐ Addition/Alteration		Loft Foundation			2		, -,			≫Well				
400,000-20	☐ Conversion		∠ 2-Story ✓ Slab		ah	%)3		X Sanitary (Exists) Specify Type:							
										2 BEDROOM CONVENTIONAL					
		ocate (existing bldg)										ulted (min 20	0 gallon)		
		erty			Use			☐ None		☐ Portable (w/se					
	П	erty				ear Round			1000	npost Toile	et				
									□ Nor	ie					
Existing Structu	ure: (if add	ition, alte	eration or bu	siness is being a	oplied for)	Length:			Width:			Height	:		
Proposed Cons	truction:	(overa	<mark>ll dimensior</mark>	ns)		Length:			Width:			Height			
		F 7-51													
Proposed (Jse	1			Pro	posed Struc	cture	1			Di	mensions		Square	
			Principal	Structure (fir	st structure	on proper	tv)				(Х	1	Footage	
7		Ř		e (i.e. cabin, h							(47	5 X ZO) 1.	900	
X Residentia	d Heo		with Loft							(X	,	700		
Z Residentia	11 036		with a Porch							(Х	,			
	l l		with (2 nd) Porch							(X	<u>, </u>			
			with a Deck						ì	Х)				
Commorci	al Hao		with (2 nd) Deck							i	Х)			
☐ Commercial Use			with Attached Garage							(Х) -			
			Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters, or ☐ cooking & food prep facilities)							1	X)			
			Mobile Home (manufactured date)						1	X	,				
☐ Municipal Use			Addition/Alteration (explain)							1		\			
			Accessor	y Building (exp	vain)						1	X	,		
				y Building (exp		ntion / 1	a i.a.\				(X	,		
											(Х)		
				se: (explain)							(Х)		
			Condition	nal Use: (explai	n)						(Х)		
'			Other: (ex	kplain)							(Х)		
			FAILURE TO	OBTAIN A PERMI	T or STARTING	CONSTRUCTIO	N WI	THOUT A PERM	MIT WILL RESU	LT IN PENALT	IES				
I (we) declare that this	s application (including ar	ny accompanyin	g information) has be	en examined by	me (us) and to th	ne best	of my (our) kno	wledge and belie	f it is true, corre	ect and con	nplete. I (we) ackn	owledge tha	t I (we) am	

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described

property at any reasonable time for the purpose of inspection.	ty ordinances to have access to the above descr
Owner(s):	Date
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application) Authorized Agent:	Date 9/9/2020
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)	Attach
Address to send permit 15333W STRO 77 HAYWARD WI 54843	Copy of Tax Statement

n the box below: Draw or Sketch your Property (regardless of what you are applying for)

Fill Out in Ink - NO PENCIL

(1) Show Location of: Proposed Construction
 (2) Show / Indicate: North (N) on Plot Plan

(3) Show Location of (*): (*) **Driveway** and (*) **Frontage Road** (Name Frontage Road)

(4) Show: All Existing Structures on your Property

(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)

(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
 (7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Setback Measurements			Description	Setk Measur	
	I man di In		lä.			
Setback from the Centerline of Platted Road	1000 +	Feet		Setback from the Lake (ordinary high-water mark)	30	Feet
Setback from the Established Right-of-Way	Feet			Setback from the River, Stream, Creek	Feet	
				Setback from the Bank or Bluff		Feet
Setback from the North Lot Line	26	Feet				
Setback from the South Lot Line	95	Feet		Setback from Wetland		Feet
Setback from the West Lot Line	200 +	7 feet 20% Slope Area on the property			Yes	□No
Setback from the East Lot Line	100 +	Feet		Elevation of Floodplain		Feet
Setback to Septic Tank or Holding Tank	5	Feet		Setback to Well	3	Feet
Setback to Drain Field	100	Feet				
Setback to Privy (Portable, Composting)	•	Feet				
Prior to the placement or construction of a structure within ten (10) fee	et of the minimum requir	ed setback, t	he h	oundary line from which the setback must be measured must be visible from or	ne previously survey	red corner to the

other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For the Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)	Sanitary Number: 40	4334	# of bedrooms: 2	Sanitary Date: 6-16-03					
Permit Denied (Date):	Reason for Denial:								
Permit #: 20 -0290	Permit Date: 10-14-30								
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Yes (Deed of Recondance Yes (Fused/Contigue Yes Yes	ous Lot(s)) 🔎 No	Mitigation Required Mitigation Attached	☐ Yes No ☐ Yes No	Affidavit Required ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No					
Granted by Variance (B.O.A.) ☐ Yes ✓ No Case #:		Previously Granted by Variance (B.O.A.) ☐ Yes → No Case #:							
Was Parcel Legally Created Was Proposed Building Site Delineated ✓ Yes □ No		Were Property Lines Represented by Owner Was Property Surveyed □ Yes □ No							
Inspection Record:		Zoning District () Lakes Classification () Lakes Classification ()							
Date of Inspection: 9/17/03	Inspected by:	Date of Re-Inspection:							
Condition(s): Town, Committée or Board Conditions Attached? Yes No-(If No they need to be attached.) Build as proposed upon existen fortprint Get required upo Inspections									
Signature of Inspector:				Date of Approval: 10/14/20					
Hold For Sanitary: Hold For TBA:	Hold For Affic	davit: 🗌	Hold For Fees:						

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40505 Ruffalo Leke 180.
(315) 794-2198
- T
Bax 448
Katherine Bourseois # 26344

State or Federal Required

ect 404334 (flows & loads)

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

issued to. Faul & Rachel Cassiellian / David Twoler, Agent											
_	1/4	Section	35	Township	43	N.	Range	5	W.	Town of	Namakagon
t		Blo	ck	Sul	bdivisio	on				CSM#	
				' x 20') = 1,9 I require addition						-	-
al laws co	ncerning c	onstruction near or	on wetlands	g footprint. , lakes, and streams. Wether department of natural labels.	lands that ar	e not associ	ated with open wa	ater can b	e difficult to	identify. Failure to co	omply may result in removal or rces service center (715) 685-2900.
									Tra	acy Poole	r
ear froi begun		of issuance	if the au	thorized constru	ction wo	ork or		-	Authori	zed Issuing	Official
oked i ıs, or i	f any o ncomp	f the applicat lete.	tion info	ut obtaining app rmation is found	to have	been			Oc	tober 14,	2020
r revo	ked if a	any performa	nce con	ditions are not c	omplete	a				Date	
tions a	re viol	ated.									